

4238

USE NUMBER OF EACH, IN ORDER OF BIRTH, STATED. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Yila
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

State Index No. 195
Co. Registrar's No. 763
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Daniel Aguilar
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec. 30 - 1920</u>
					Month Day Yr.

<p>FATHER</p> <p>Full Name <u>Daniel Aguilar</u></p> <p>Residence <u>Miami, Arizona</u></p> <p>Color or Race <u>Mex</u> Age at last Birthday <u>26</u> Years</p> <p>Birthplace <u>Sinaloa, Mexico</u></p> <p>Occupation <u>Miner</u></p>	<p>MOTHER</p> <p>Full Maiden Name <u>Edivicas Caricada</u></p> <p>Residence <u>Miami, Arizona</u></p> <p>Color or Race <u>Mex</u> Age at last Birthday <u>20</u> Years</p> <p>Birthplace <u>Cananea, Mexico</u></p> <p>Occupation <u>Housewife</u></p>
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Number of child of this Mother 3 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec. 30, 1920 at 4 A.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

Signature April M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191____

419-1230-531
COUNTY REGISTRAR.

Filed 12/31/1920
A True Copy
Filed 1-6 1921
R. J. Jol
LOCAL REGISTRAR.
COUNTY REGISTRAR.